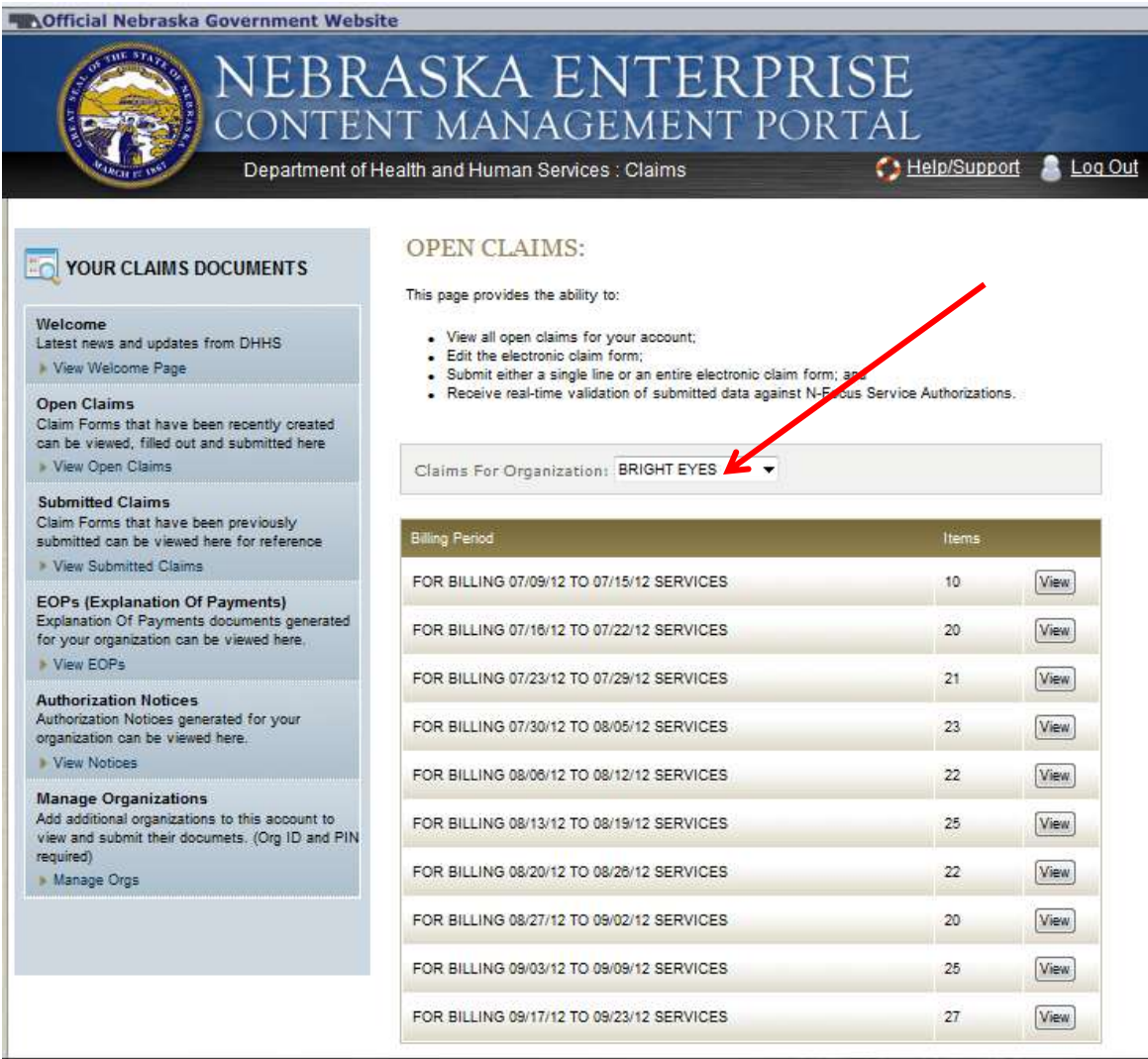


How to View and Submit Open Claims:

The **Open Claims Page** contains all of the open claim lines and forms available for submission by the organization. If you are managing multiple organizations in your account, open claims will be listed by selecting each organization in the dropdown list. If you have multiple organizations, you can switch organizations by using the drop down list. If you have multiple organizations but do not see one in the dropdown list, you can add an organization by using the **Manage Organizations** link on the left-hand navigation.

Please Note: Open claims are now listed by Billing Period, and each Billing Period contains a list of open claims.

1. To view open claims for your organization, start by selecting the correct organization in the dropdown list.



Official Nebraska Government Website

NEBRASKA ENTERPRISE CONTENT MANAGEMENT PORTAL

Department of Health and Human Services : Claims [Help/Support](#) [Log Out](#)

YOUR CLAIMS DOCUMENTS

Welcome
Latest news and updates from DHHS
[View Welcome Page](#)

Open Claims
Claim Forms that have been recently created can be viewed, filled out and submitted here
[View Open Claims](#)

Submitted Claims
Claim Forms that have been previously submitted can be viewed here for reference
[View Submitted Claims](#)

EOPs (Explanation Of Payments)
Explanation Of Payments documents generated for your organization can be viewed here.
[View EOPs](#)

Authorization Notices
Authorization Notices generated for your organization can be viewed here.
[View Notices](#)

Manage Organizations
Add additional organizations to this account to view and submit their documents. (Org ID and PIN required)
[Manage Orgs](#)

OPEN CLAIMS:

This page provides the ability to:

- View all open claims for your account;
- Edit the electronic claim form;
- Submit either a single line or an entire electronic claim form; and
- Receive real-time validation of submitted data against N-Ebus Service Authorizations.

Claims For Organization: **BRIGHT EYES**

Billing Period	Items	
FOR BILLING 07/09/12 TO 07/15/12 SERVICES	10	View
FOR BILLING 07/16/12 TO 07/22/12 SERVICES	20	View
FOR BILLING 07/23/12 TO 07/29/12 SERVICES	21	View
FOR BILLING 07/30/12 TO 08/05/12 SERVICES	23	View
FOR BILLING 08/06/12 TO 08/12/12 SERVICES	22	View
FOR BILLING 08/13/12 TO 08/19/12 SERVICES	25	View
FOR BILLING 08/20/12 TO 08/26/12 SERVICES	22	View
FOR BILLING 08/27/12 TO 09/02/12 SERVICES	20	View
FOR BILLING 09/03/12 TO 09/09/12 SERVICES	25	View
FOR BILLING 09/17/12 TO 09/23/12 SERVICES	27	View

- Next, click on the **View** button next to the **Billing Period** you want to work with. *Please Note: The **Items** column shows you at-a-glance how many open claim lines exist for each Billing Period. When you successfully submit a claim line, the number in the **Items** column will decrease.*

OPEN CLAIMS:

This page provides the ability to:

- View all open claims for your account;
- Edit the electronic claim form;
- Submit either a single line or an entire electronic claim form; and
- Receive real-time validation of submitted data against N-Focus Service Authorizations.

Claims For Organization: BRIGHT EYES ▼		
Billing Period	Items	
FOR BILLING 07/09/12 TO 07/15/12 SERVICES	10	View
FOR BILLING 07/16/12 TO 07/22/12 SERVICES	20	View
FOR BILLING 07/23/12 TO 07/29/12 SERVICES	21	View
FOR BILLING 07/30/12 TO 08/05/12 SERVICES	23	View

- You will now be displayed an electronic claim form that allows you to enter data for each open claim line. To submit a claim line, you will need to enter data in the following fields:
 - Service From Date**
 - Service Thru Date**
 - Units**
 - Rate**
 - Cust Oblig.** (Customer Obligation. If none, enter "0")

FOR BILLING 07/16/12 TO 07/22/12 SERVICES



▼ Claim 23661589 (6 Lines Remaining)													
#	Client Name	Client ID Number	Authoriz Number	Service Code	Service From Date	Service Thru Date	Freq	Units	Rate	Total	Cust Oblig	DHHS Charge	Submit Line
1	ROCKET, RICHARD	49477312	<u>71816100</u>	3580	07/01/2012	07/15/2012	DY	5	10	50.00	0.00	50.00	<input type="checkbox"/>
2	ROCKET, RILEY	43346254	<u>50610702</u>	3580	07/01/2012	07/15/2012	HR	2	2.5	5.00	0.00	5.00	<input type="checkbox"/>
3	ROCKET, RILEY	43346254	<u>50610702</u>	3580			DY						<input type="checkbox"/>
4	MAP, MARTIN	66493580	<u>57084823</u>	7964			MO						<input type="checkbox"/>
5	MAP, MARTIN	66493580	<u>95817071</u>	3580			HR						<input type="checkbox"/>
6	MAP, MARTIN	66493580	<u>95817071</u>	3580			DY						<input type="checkbox"/>
► Claim 79889045 (14 Lines Remaining)													

Here is an example of claim lines that have been filled out prior to submission:

FOR BILLING 07/16/12 TO 07/22/12 SERVICES



▼ Claim 23661589 (6 Lines Remaining)

#	Client Name	Client ID Number	Authoriz Number	Service Code	Service From Date	Service Thru Date	Freq	Units	Rate	Total	Cust Oblig	DHHS Charge	Submit Line
1	ROCKET, RICHARD	49477312	71816100	3580	07/01/2012	07/15/2012	DY	5	10	50.00	0.00	50.00	<input type="checkbox"/>
2	ROCKET, RILEY	43346254	50610702	3580	07/01/2012	07/15/2012	HR	2	2.5	5.00	0.00	5.00	<input type="checkbox"/>




- If you would like to view information from the client's Service Authorization, click on the number in the **Authoriz Number** column next to that client's name. You will now see a screen that includes the **Begin Date**, **End Date**, **Rate**, **Units Starting Balance**, and **Units Remaining** for that Service Authorization. Or, to view the Service Authorization document, you can click on the link below **Click Below To View Related Notices**. *Please Note: Service Authorization documents are PDF documents and you must have Adobe Reader installed on your machine to view, save, or print the Service Authorization.*

Authorization Information

Begin Date	End Date	Rate	Units Starting Balance	Units Remaining
5/20/2011	12/31/2011	25.000	160.00	160.00
1/1/2012	12/31/2013	25.000	725.00	661.00

Click Below To View Related Notices

[71816100 - 08/10/2012 - DHHS Service Authorization Notice](#)

- Next, click the **Submit Line** box next to the lines you wish to submit. You can check all lines by clicking on the **Check All Lines Button:**  You can un-check all lines by clicking on the **Un-Check All Lines Button:** 
- You can submit the claim lines you selected by clicking on the **Submit Checked Lines Button:**  *Please Note: You can fill out as many claim lines as you wish and submit them all at once. You no longer have to enter zeroes in the lines that you do not want to submit and you no longer have to submit lines you are not filling out.*

- After clicking the **Submit Checked Lines Button**, you will see a window which confirms information about the line(s) you are submitting.

Submit Claims

By submitting these claims, the claimant certifies that the information contained in this claim is accurate and all services provided were in compliance with Department of Health and Human Services Nebraska Administrative Codes Titles 465, 471, 473, 474, and 480 whichever are applicable. The claimant is aware that a false claim may result in prosecution for fraud. Under penalty of applicable Federal and State laws, I certify that representation herein are true and complete, and that no additional payment will be claimed.

Please verify the following information:

#	Client Name	Client ID Number	Authoriz Number	Service Code	Service From Date	Service Thru Date	Freq	Units	Rate	Total	Cust Oblig	DHHS Charge
1	ROCKET, RICHARD	49477312	71816100	3580	07/01/2012	07/15/2012	DY	5	10	50.00	0.00	50.00
Grand Total												\$50.00

Are you sure you want to submit?

- After you have reviewed this information and it is correct, click on the **Submit** button. The data you entered will now be submitted for validation against information from the Service Authorization(s).
- If there are any errors on the claim line(s) you submitted, the error(s) will be displayed below the claim line(s).
Here is an example of claim lines that could not be submitted because of errors:

FOR BILLING 07/09/12 TO 07/15/12 SERVICES



▼ Claim 42848309 (7 Lines Remaining)

#	Client Name	Client ID Number	Authoriz Number	Service Code	Service From Date	Service Thru Date	Freq	Units	Rate	Total	Cust Oblig	DHHS Charge	Submit Line
1	PARKER, PENNY	75481073	29574385	6679	07/01/2012	08/05/2012	DY	110.5	34	3757.00	0.00	3757.00	<input type="checkbox"/>
<ul style="list-style-type: none"> You may not bill for future dated services. 													
4	TANK, TAMERA	06665722	91722991	3580			DY						<input type="checkbox"/>
5	TANK, THEODORE	36826715	78356471	6679	12/31/2011	07/20/2012	DY	25	300.00	0.00	300.00		<input type="checkbox"/>
<ul style="list-style-type: none"> Submitted frequency code does not match authorization. Please review your Service Authorization on-line. For further assistance email the department at DHHS.ACCESSNebraskaChildCare@nebraska.gov; the department will provide a response within 48 hours. Duplicate Claim Item. Allow Submission to OnBase. 													
	TANK, THOMAS	85495191	66410477	3580	05/01/2012	05/31/2012	HR	3.5	35.00	0.00	35.00		<input type="checkbox"/>
<ul style="list-style-type: none"> Claim Item has already been submitted. 													

- If you receive errors, you can make the appropriate changes and resubmit the line(s) by following steps 3 – 9.
Please Note: If you receive the following error you can click on the link to send an email to a mailbox that is monitored by DHHS:

For further assistance email the department at DHHS.ACCESSNebraskaChildCare@nebraska.gov; the department will provide a response within 48 hours.

11. If you would like to print a copy of the open claims you submitted for your own records, click on the **Printer Icon**. If errors were displayed, the printable version will include the error messages. *Please Note: Please do not mail or submit the printed page to DHHS, it is only for your records and information.*

FOR BILLING 07/09/12 TO 07/15/12 SERVICES



- Claim 42848309 (7 Lines Remaining)

#	Client Name	Client ID Number	Authoriz Number	Service Code	Service From Date	Service Thru Date	Freq	Units	Rate	Total	Cust Oblig	DHHS Charge	Submit Line
1	PARKER, PENNY	75481073	29574385	6679	07/01/2012	08/05/2012	DY	110.5	34	3757.00	0.00	3757.00	<input type="checkbox"/>
<ul style="list-style-type: none"> You may not bill for future dated services. 													
4	TANK, TAMERA	06665722	91722991	3580			DY						<input type="checkbox"/>
5	TANK, THEODORE	36826715	78356471	6679	12/31/2011	07/20/2012	DY	25	300.00	0.00	300.00	<input type="checkbox"/>	
<ul style="list-style-type: none"> Submitted frequency code does not match authorization. Please review your Service Authorization on-line. For further assistance email the department at DHHS.ACCESS@nebraska.gov; the department will provide a response within 48 hours. Duplicate Claim Item. Allow Submission to OnBase. 													
7	TANK, THOMAS	85495191	66410477	3580	05/01/2012	05/31/2012	HR	3.5	35.00	0.00	35.00	<input type="checkbox"/>	
<ul style="list-style-type: none"> Claim Item has already been submitted. 													

Open Claim Report - Microsoft Internet Explorer provided by State of Nebraska

Claim: 42848309

(Do not mail/submit this form to DHHS)

#	Client Name	Client ID Number	Authoriz Number	Service Code	Service From Date	Service Thru Date	Freq	Units	Rate	Total	Cust Oblig	DHHS Charge
1	PARKER, PENNY	75481073	29574385	6679	07/01/2012	08/05/2012	DY	110.5	34	3757.00	0.00	3757.00
<ul style="list-style-type: none"> You may not bill for future dated services. 												
4	TANK, TAMERA	06665722	91722991	3580			DY					
5	TANK, THEODORE	36826715	78356471	6679	12/31/2011	07/20/2012	DY	25	300.00	0.00	300.00	
<ul style="list-style-type: none"> Submitted frequency code does not match authorization. Please review your Service Authorization on-line. For further assistance email the department at DHHS.ACCESS@nebraska.gov; the department will provide a response within 48 hours. Duplicate Claim Item. Allow Submission to OnBase. 												
7	TANK, THOMAS	85495191	66410477	3580	05/01/2012	05/31/2012	HR	3.5	35.00	0.00	35.00	
<ul style="list-style-type: none"> Claim Item has already been submitted. 												
8	TANK, THOMAS	85495191	66410477	3580			DY					
9	TANK, TODD	29861600	44092927	3580			HR					
13	ROCKET, RENAE	84853925	25712020	3580			HR					
											Grand Total	54092.00

Reference for Icons on the Electronic Claim Form:



- **Save Lines** – Saves all the data on the claim form.
- **Check All Lines** – Will put a check in all the Submit Line boxes for that Claim.
- **Un-Check All Lines** – Will take off all the checks on the Claim.
- **Submit Checked Lines** – Will submit the Claim lines with a check in the box.
- **Printable Version** – Will print a copy of the claim information.
- **Close Window** – Will close the current window.